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ABSTRACT

This practicum addressed the need to provide training and experiences for school psychologists serving preschool children and their families. The practicum involved preparing and presenting inservice training to special education cooperative preschool assessment teams. Inservice training sessions covered: multidisciplinary, interdisciplinary, and transdisciplinary play-based assessment; flexibility of the Battelle Developmental Inventory; using observations in assessments; role of a facilitator and team members; parent participation in assessment; sharing observations and information; labeling; making recommendations; and writing a team evaluation report. Trainers of school psychologists were encouraged to increase courses and experiences available to students who were interested in serving preschool children and their families. Data from individuals attending the inservice training sessions indicated that the sessions were successful in increasing participants' understanding of assessment. (Approximately 50 references.) (Author/JDD)

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Increasing the School Psychologist's Use of Developmentally Appropriate Assessment Procedures When Evaluating Preschool Children by Developing and Implementing a Training Program for Practitioners

by

Barbara B. Fink

Cluster 35

A Practicum II Report Presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

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PRACTICUM APPROVAL SHEET

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This practicum report was submitted by Barbara B. Fink under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

5/22/92
Date of Final Approval

Mary Ellen Sapp

Mary Ellen Sapp, Ph.D., Practicum Adviser

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ABSTRACT

Increasing the School Psychologist's Use of Developmentally Appropriate Assessment Procedures When Evaluating Preschool Children By Developing and Implementing a Training Program. Fink, Barbara B. 1992: Practicum II Report, Nova University, Ed. D. Program in Early and Middle Childhood. Descriptors: Preschool Assessment/Early Childhood/Assessment/ Developmental School Psychology/Early Childhood/Early Childhood Special Education/Preschool/Special Education/ Interdisciplinary Assessment/Transdisciplinary Play-Based Assessment/School Psychology Training/Teaming/Observation.

This practicum addressed the need to provide training and experiences for school psychologists who served or planned to serve preschool children and their families. Inservice training activities and information were prepared and presented to local special education cooperative preschool assessment teams. Trainers of school psychologists were encouraged to increase courses and experiences available to students who were interested in serving preschool children and their families.

The writer conducted the inservice sessions, provided instructional materials and training activities, administered an assessment training survey and a pre- and post- preschool evaluation report checklist, returned for a follow-up session in which participants shared their experiences resulting from changed assessment procedures, and met with the directors of the university school psychology training programs.

Data and comments from the individuals attending the inservice training sessions indicated that the training sessions were successful. Participants' understanding of inter- and transdisciplinary assessment increased, and several individuals expressed great satisfaction with their introduction to and implementatin of play-based assessment.

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Permission Statement

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CHAPTER I

INTRODUCTION

Description of Community

The setting for this practicum was a midwestern state, with a population of 11.4 million, which decreased during the past decade. Two-thirds of the state's population live in the largest city and its surrounding suburbs, in the northeastern portion of the state. One will find a few cities with populations ranging from 50,000 to 140,000, with the remaining residents living in the smaller towns and rural areas.

In 1989-90, throughout the state, there were 959 school districts, 427 unit districts, and 96 special education joint agreements, with the largest populated county divided into 16 school districts. Special education programs ranged from those serving single city school districts to those with cooperatives that included all the school districts in a county, and one southern special education cooperative that encompassed four counties. The writer was employed by a county-wide special education cooperative that served 13

school districts that represented a predominately small town, rural population of approximately 6,000 students. Unemployment, reduced farm income, and a decrease in property assessments have resulted in decreased income for the local school districts as well as many other school districts throughout the state.

All school districts in the state have been mandated to serve children, ages 3-21, identified as eligible to receive special education services (P.L. 94-142). It was anticipated that there would soon be a mandate to also serve the birth through 2-year-old population, if the state requires the implementation of P.L. 99-457 Part H, which has been amended and reauthorized as P.L. 102-119, of the Individuals with Disabilities Act (IDEA).

The governor signed an early intervention services act in September 1991. The bill, the state's move toward implementation of P.L. 102-119, supports a comprehensive, coordinated, interagency, interdisciplinary early intervention service system for eligible children and their families. This first state law on early intervention includes a definition on eligibility and contains a strong emphasis on family rights, but legal right and provisions for funding were excluded.

Although school district or special education cooperative special education programs have received federal and state funding, local funds were also required to support the programs. The $8,000 allotment per certified staff member and $2,800 for non-certified, for state reimbursement for special education personnel, had been prorated in recent years, usually within the middle or lower 90 % range.

Federal and state rules and regulations state that a multidisciplinary team should evaluate and participate in a conference held to determine if a child is eligible to receive special education services. A multidisciplinary team may include a school psychologist, social worker, speech/ language pathologist, physical and/or occupational therapist, school nurse, classroom teacher, administrator, parent(s), plus others, as appropriate. School psychologists often served as the conference facilitator and had a major responsibility in determining a child's eligibility for special services. Based upon statistics from the State Board of Education (ISBE, 1990 b), there were 1,090 school psychologists serving students in 1989-90. Of the 257 school psychologists in the state listed as serving the preschool population, 170 served preschool through grade 12 students, 74 served preschool through grade 5 - 8

students, and 12 were listed as serving only the preschool child.

State staff members representing the birth through 2 population, 3 through 5-year-olds, and the school psychology department expressed concern that there had been limited training available for professionals serving the birth through 5-year-olds and their families. The State Board of Education (ISBE), with federal grant money (P.L. 99-457, Part H), funded the State Technical Assistance Project (ITAP) to develop six staff training modules to provide statewide inservice training for personnel working with infants and toddlers, birth through 2-year-olds, and their families.

A statewide coordinator supervised the development and implementation of the project. Two days were allotted for each workshop to allow a study of the subject. Two loose-leaf manuals were developed for each module, one for the participant and one for the trainer. Module titles included (a) Infant/Toddler Development; (b) Infant/Toddler Assessment; (c) Family System; (d) Health/Medical Issues; (e) Building Better Teams; and (f) Team Management. Since its implementation, only 5 of the 50 school psychologists in the state who responded to the Preschool Inservice Interest/ Needs Survey, had participated in the Infant/Toddler

Development, Infant/Toddler Assessment, Working With Families, and/or Building Better Teams training sessions. None had participated in the remaining module training sessions.

The state submitted and received federal approval for A Comprehensive Personnel System for Early Intervention Services which included specific guidelines and training requirements for staff working with the birth through two-year-old population and their families. State and area staff members who have been participants in planning the implementation of P.L. 102-119, including Part H, have been supportive of this writer's interest, ideas, and plans. As the group continued to develop a professional training plan, they agreed that there should continue to be cooperation between those who serve the birth through 2 and the 3 to 5 population, and their families.

Writer's Work Setting and Role

In the writer's county, the early childhood special education (ECSE) interdisciplinary or transdisciplinary arena assessment team included the ECSE coordinator (3/5 FTE)/school psychologist (2/5 FTE), ECSE social worker (3/5 FTE), speech/language pathologist, ECSE teacher, school nurse, occupational and/or physical therapist, parents, plus other staff and local agency personnel, as appropriate.

There were some local administrators and pupil personnel staff members who were not supportive of the local ECSE evaluation team concept/procedures. Based upon comments from ECSE staff from other areas, it appeared that there were similar circumstances throughout the state.

The writer was the ECSE coordinator for the county special education cooperative. Additional responsibilities included serving as the ECSE school psychologist and evaluation team leader. Throughout her 11 years in that position, the ECSE evaluation team's goal was to continue to improve the delivery of services to the 3 through 5-year-old population and their families. The local ECSE interdisciplinary model was presented at regional, state, and national early childhood and school psychologist's conferences by the writer and sometimes other team members.

The writer's background included training and experiences as an elementary teacher, with an emphasis in the preschool and primary grades, early childhood special education coordinator, learning disabilities teacher, early childhood special education school psychologist, consultant, and director of training programs for parents, teachers, and administrators provided.

The writer has planned and conducted numerous workshops and inservice training sessions in the county, region, and

state for teachers, administrators, and parents. Additional activities included serving on a regional preschool advisory committee representing 28 counties and being one of 16 individuals in the state selected to review early childhood proposals submitted for consideration as exemplary programs in early childhood education.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The problem was that those evaluating the preschool child, including the school psychologists, were using less than ideal assessment procedures.

The situation that needed improvement was that the school psychologists and other team members, who evaluated preschool children to determine eligibility for special education services, needed to be trained to serve the preschool population, including infants, toddlers, and their families, and to implement ecological, developmentally-based assessment procedures in a naturalistic setting.

School psychologists and other support staff were not using developmentally-based assessment instruments (those that assess a child's developmental skills and developmental processes in the various domains--personal, social, adaptive, receptive and expressive language, gross and fine motor, and cognitive), appropriate procedures (transdisciplinary, play-based assessment), or ecological

methods (the examination and recording of the physical, social, and psychological features of a child's development) in a natural environment.

In the writer's state, (a) tests were being used which were not developmentally based and did not cross multiple behavior domains, (b) there was premature labeling/ categorization of handicapping conditions at the preschool level, (c) children were being evaluated in isolation and in unfamiliar/unnatural surroundings, (d) often the ecological perspective was not considered, (e) assessment and intervention were not interrelated, and (f) consultation and indirect service delivery were absent in many of the preschool evaluations. In addition, school psychologists had not assumed a leadership role to effect change in assessment procedures and in service delivery for preschool children and their families.

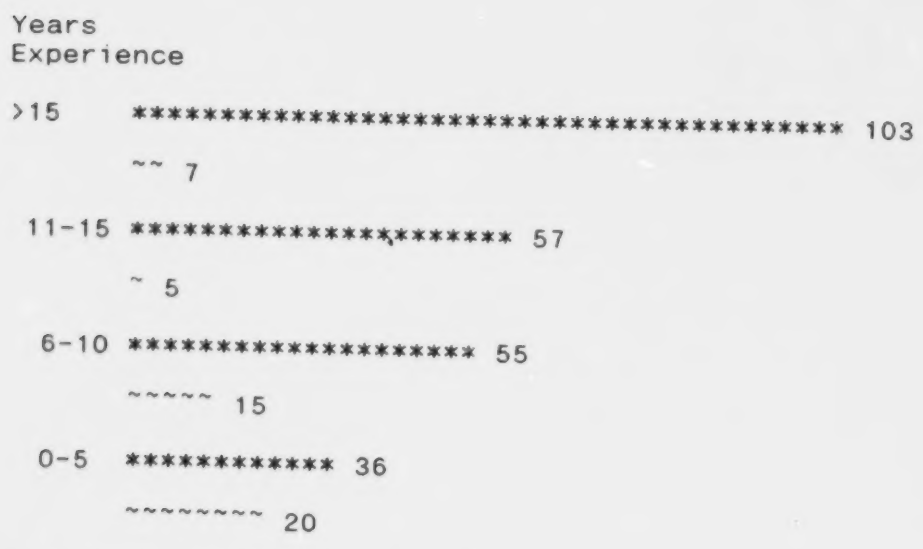
The problem was that many school psychologists were not using the most appropriate assessment procedures when evaluating the preschool child.

Problem Documentation

Observations, interviews, review of state statistics, and surveys were used to gather data. Of the 257 school psychologists in the state during the 1989-90 school year (ISBE, 1990 b) who were responsible for evaluating the

preschool child, 101 had more than 15 years experience, 54 had 11-15 years, 54 had 5-10 years, and 36 had 5 years or less of experience. Of the 12 school psychologists who served only the preschool child, 4 had 1 year of experience, 1 had 2 years, 1 had 4 years, 1 had 10 years, 1 had 12 years, 1 had 13 years, 1 had 15 years, and 2 had 17 years of experience.

Results from the Preschool Inservice Interest/Needs Survey conducted during the 1991 school psychologists' state meeting, revealed that of the 50 respondents, 20 had 0-5 years experience, and 38 served the preschool population. It appeared that those school psychologists who had fewer years of experience and served the preschool population were the ones who took the time to complete the survey. A majority of the school psychologists who responded to the survey (38/50) served the preschool population. In contrast, only a small number of the school psychologists in the state served the preschool population (257/1,090). The years of experience of the survey respondents was not representative of the state statistics in which only 36 of 257 professional school psychologists who served preschool children had less than five years experience.



**** Number of school psychologists in the state serving preschool children

~~~~ Number of survey respondents serving preschool children

Figure 1. Years of Experience of School Psychologists Serving Preschool Children

A majority of the practicing school psychologists who graduated from universities in the state that provided training programs for school psychologists had attended two centrally located state supported universities and a private university located in the largest city in the state. A lesser number attended each of the other universities located in the northern, west central, central (a Big Ten school), and the southern areas of the state.

Among the school psychologists who had additional certification, 18 also had type 10 (special K-14)
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certificates, 9 had type 03 (elementary K-9), 9 had type 09 (high school 6-12), 4 had type 75 (administrative), 2 had type 33 (provisional special), 1 had type 31 (provisional high school), and 1 of the 12 individuals who worked only with preschool children had a second certificate, a type 10.

Thirty-two of those responding to the survey, who were younger and had fewer years experience than the majority of practicing school psychologists in the state, had taken a college course that addressed preschool assessment. Only 13 had attended the state sponsored workshop presenting ideas related to assessing the birth to 3 population. Ten had not attended any sessions at state meetings or conferences related to serving the preschool child. Twenty-six had attended 2 or 3 sessions or conferences related to serving preschool children.

About the same number of school psychologists indicated that they evaluated a child on the same day and time with professionals from other disciplines as those who indicated that they did not evaluate a preschool child on the same day as others evaluating the same child. The majority indicated that they sat on the floor and interacted with the child. Most often the assessment team included the school psychologist, social worker, speech/language pathologist, and school nurse.

About half of the respondents indicated that someone, most often the social worker, visited the child and family in their home. Usually (40/50) the parents were given a form to complete and subsequently a team member talked to the parent, asking questions and recording the responses. Only 9 respondents reported that parents could not observe the assessment of their child.

The Battelle Developmental Inventory (BDI) and the Vineland Social Maturity Scale were used most frequently to complete the social development study. The school nurse most often obtained and reviewed the medical history and conducted the child's vision and hearing screening.

The school psychologist usually reviewed the child's academic history, current educational functioning, and evaluated the child's learning processes and level of educational development. Play-based assessment was used by only four respondents although considered to be the most appropriate ECSE assessment procedure. Fifteen respondents identified the BDI as the instrument they used, which is also considered to be an appropriate evaluation tool that could be implemented by a team.

The remaining respondents identified the following instruments: 25 used the Kaufman Assessment Battery for Children (K-ABC), 23 the McCarthy Scales of Children's Abilities, 35 the Stanford-Binet Intelligence Scale,

Form L-M or IV (S-B), and 26 used the Wechsler Preschool and Primary Scale of Intelligence (WPPSI OR WPPSI-R). The Visual-Motor Integration Test (VMI) was used by 35 of the respondents and 24 included the Draw-A-Person (DAP). The Wide Range Achievement Test (WRAT) was used by 4 respondents. Only 15 respondents indicated that they used developmental delay as the special needs label and did not report an IQ.

Most indicated the child's learning environment was assessed, including the toys available and most often used in the child's play, the child's playmates, use of books and TV, caretaker, roles of grandparents and relatives, preschool/daycare experiences, exposure to neighborhood activities, and parent expectations of the child. All but 4 of the respondents indicated that they would be willing to attend inservice training sessions with only 5 reporting that they did not think team members in their district or cooperative would attend training sessions with them.

In reviewing the state school psychologists' certification requirements (ISBE, 1990 a), there were not any specific courses listed relating to assessing and working with preschool children and their families. Likewise, a review of the course requirements from the various school psychologists' training programs in the state

indicated that only a preschool assessment course was offered at a few of the universities.

During the 1991 state school psychologists' meeting, two-half day workshops and three one-hour sessions discussed the delivery of services to preschool children and their families, a significant increase from previous years. In the past two years, the state school psychologists' association sponsored one workshop (one-day) related to providing services to the preschool population: Assessing Children Birth to 3-Years-Old. To date, only one (during 1989-90) regional school psychologists' meeting was devoted to serving the preschool child. A panel discussed the ECSE programs within the area.

At the 1990 National Association of School Psychologists' (NASP) conference, the preschool interest group identified the training of school psychologists to serve the preschool population and their families as the most important issue. In 1991, NASP issued a position statement on early childhood assessment that supported preservice and inservice training for school psychologists which should include normal and atypical developmental patterns of young children; appropriate practices, procedures, and instruments in assessing young children, their families and environment; consideration of legal,

ethical, and professional issues; and noncategorical service delivery for the children and their families.

In the fall of 1990, during an assessment session at an early childhood conference, and at the 1992 state school psychologists' meeting during a preschool assessment session, there were school psychologists who defended the appropriateness of using the S-B, Form L-M (1972), to identify children eligible to participate in ECSE and would not consider using anything else.

Reynolds and Clark (1982) recommended that the S-B Form L-M be relegated to the history of psychological assessment because there was a "lack of precise information regarding the 1972 normative sample, the antiquated nature of many of the items, and the tendency toward racial and sexual stereotyping of behavior in the Binet test items" (p. 167).

Choi (1992) presented data regarding the K-ABC, McCarthy, S-B IV, and WPPSI-R indicating that none were appropriate/technically adequate for placement decisions in diagnosing EMH eligibility before the age of 4 or TMH eligibility before the age of 5. She recommended that school psychologists use observations, emphasize what child could do instead of what he/she could not do, and refrain from reporting an IQ score. Since predictive power was very limited and children's skills changed quickly, Choi recommended updating the evaluation yearly.

Following are examples of questionable attitudes/ practices. The director of a special education cooperative stated that "one can evaluate a preschool child faster than other children." "They are easier to evaluate than older children." "Observation and play are not necessary." "Six children can easily be evaluated in a day." He was not supportive of the use of the BDI and indicated that the children should be labeled (such as Learning Disability (LD) or Educable Mentally Handicapped (EMH).

For the first time, in January 1990, the director expressed support for the planned arena assessment of a child who was severely delayed. When he met with administrators of the largest school district in the cooperative to discuss ECSE evaluations, he was told they did not want their staff to participate in the team assessment, and that their staff would conduct separate independent evaluations.

Following a review of a list of preschool assessment instruments published within the last ten years, it was found that the availability of developmentally appropriate, standardized, valid, and reliable instruments was limited.

Causative Analysis

The cause of the problem, school psychologists not using the most appropriate assessment procedures when

evaluating preschool children, could be attributed to several factors. Those include lack of training, inadequate administrative support, and insufficient team cooperation, a shortage of staff and funding, and limited availability of appropriate instruments. Many of the professional school psychologists in the state were trained prior to the implementation of ECSE programs and the need to evaluate and identify children eligible to receive ECSE, and more recently to provide services to infants/toddlers. Sessions regarding preschool service delivery activities, including assessment, have been limited at regional and state professional meetings. Inservice training programs that emphasized working with preschool children and their families have been limited. School psychologists' training institutions in the state have provided those students enrolled in their programs limited training and experiences in serving preschool children and their families. The availability of developmentally appropriate assessment instruments was limited.

Also, some administrators, special education directors, and individuals representing other disciplines have not been supportive in the implementation of developmentally-based assessment procedures when working with preschool children and their families. A shortage of staff representing the various disciplines has resulted in unfilled positions for

school psychologists, social workers, speech/language pathologists, and occupational and physical therapists throughout the state. Many of the school districts/ cooperatives do not have the funds to offer competitive salaries to attract staff to fill the vacancies.

Relationship of the Problem to the Literature

The importance of education/training requirements for personnel and appropriate assessment procedures when serving preschool children and their families is prevalent in the literature (Bagnato and Neisworth, 1991; Bagnato, Neisworth, Paget, and Kovaleski, 1987; Bredekamp and Shepard, 1989; Linder, 1990; Paget, 1985; and Worley and Dyk, 1984).

The importance of the availability of college courses that emphasized experiences and training in serving preschool children and their families, and the role of a developmental school psychologist, was stressed by Bagnato et al. (1987). They described developmental school psychology as "that specialty of school psychology that focuses on assessment, program planning, treatment, evaluation, and family consultation of preschool-age children" (p. 77).

In 1987, the early childhood subspecialty was considered to be in the formative stage (Bagnato et al., 1987). At that time, school psychology training programs did

not have a specialized training component for the preparation of personnel to work with preschool-aged children. There was little evidence that circumstances have changed. Content in the courses appeared to focus on norm-referenced assessment instruments, with little emphasis on criterion and curriculum-based measures.

Only a few school psychology students have had the opportunity to choose electives which included preschool assessment and assessment strategies developmentally appropriate to the preschool population. If a course was taken in developmental psychology, training experiences with very young children were most likely limited, with information being added on, in a supplemental form.

Schools that provided a minor or specialty in the preschool service delivery area on an elective basis tended to concentrate on assessment with limited emphasis on indirect service delivery. Minnesota, an exception, required 100 credit hours of experience with preschool children for school psychology licensure and certification (Bagnato et al.). Later, McLinden and Prasse (1991) reported that Northern Arizona University, Temple University, and the University of Oregon offered graduate school psychology training programs related to working with children under six and their families.

According to Bagnato et al. (1987), Guidubaldi, at Kent State University, was a leader (1972) in developing and implementing an early childhood school psychology training program. In 1986, Paget discussed "the first detailed coupling of school psychology and preschool intervention by advocating an ecological perspective that encompasses planning, delivering, and evaluating services for preschool children and their families" (Bagnato et al., p.77). Also in 1986, Barnett provided a conceptual analysis applying developmental psychology to the preschool realm which included assessment and intervention, differences in preschool and school psychological services, and general implications for school psychology training (Bagnato et al.).

Schakel (1986) noted that "the school psychologists whose preschool training was limited to learning how to administer the S-B and WPPSI will find themselves poorly prepared to understand or assess the cognitive functioning of children in the 3 to 5 year range, especially those who are handicapped" (p. 210).

NASP (1991) has stated that early childhood assessment practices should be developmentally appropriate, ecological, comprehensive, curriculum-based, and family-focused.

According to a survey conducted by Widerstrom, Mowder, and Willis (1989), school psychologists were not trained to

provide the services to infant and preschool programs that were needed or that were provided in K-12 programs. Training in linking developmental assessment to early intervention activities must be available (Bagnato et al., 1989; Notari & Bricker, 1990).

Widerstrom et al. (1989) stressed the need for training and experiences in working with infants and preschoolers and their families in university psychology programs. They indicated there should be more emphasis on classroom-based and home-based intervention strategies and less emphasis on formal assessment procedures. Also, other service providers should be informed about the school psychologist's potential role in preschool programs and school psychologists should work with other disciplines and agencies to develop mutual respect (Widerstrom et al.).

Mowder (1989) echoed the need for training in infant development, assessment, and intervention for students in school psychology in university programs and for those professionals who need to expand their skills. She suggested that the professional school psychology organizations may need to develop their own training programs.

Although there has been more written about the need to train school psychologists to serve the 3 to 5-year-olds and their families than serving the birth through 2-year-olds,

McLinden and Prasse (1991) and Epps and Jackson (1991) reminded school psychologists that while some professional issues associated with serving the preschool 3 to 5-year-olds were similar to those of serving the birth through 2-year-olds, the professional skills and knowledge required were not the same. Additional competencies needed included knowledge of: typical and atypical infant/toddler development across all domains (cognitive, language, motor, self-help, personal/social functioning); infant/toddler caretaking demands; appropriate assessment instruments and procedures including inter- and transdisciplinary and ecological assessment; using multiple sources of information; intervention models; understanding and working with families to develop, implement, and evaluate the Individualized Family Services Plan (IFSP), and case management.

School psychologists are a vital team member when evaluating the 3 to 5-year-old and could become an integral member of the birth through 2 early intervention team responsible for consultation, direct intervention, and assessment if properly trained to provide early intervention services (McLinden & Prasse, 1991). Curtis and Batsche (1991) cautioned that "school psychologists should not provide services for which they are not trained, nor should they be expected to do so"...(but) it is the responsibility

of the individual to pursue the development and maintenance of the expertise needed to provide appropriate client services throughout his/her career" (p.566).

Bagnato and Neisworth (1991); Linder (1990) and Worley and Dyk (1984) discussed multi-, inter-, and transdisciplinary team assessment and the advantages of arena play-based assessment, an extension of the transdisciplinary concept.

Worley and Dyk (1984) presented each concept, including the advantages of arena assessment. In a multidisciplinary assessment, each team member conducted their specific discipline assessment in isolation, considered recommendations, wrote separate reports, and then met at the multidisciplinary conference, with other evaluators, to share observations, results, and recommendations.

Members of the interdisciplinary team planned and conducted the assessment at the same location and interacted with the child and family during the same session(s), but conducted separate evaluations. Following the assessment, they met to share their observations and findings, made recommendations for intervention, and wrote a team report.

In the transdisciplinary arena assessment, one person on the team assumed the role of a facilitator and served as the primary assessor as other team members observed and recorded information relevant to the individual discipline.

Parents provided information, administered items, if necessary, and validated the child's performance. The team members also met to discuss their observations, findings, and recommendations and completed a team report. Often the multidisciplinary conference (MDC) followed the transdisciplinary assessment, providing immediate feedback, and eliminating the need for the parents to make arrangements for another meeting.

Use of the transdisciplinary arena approach eliminated redundant testing and questions asked of the parents, reduced the number of professionals who must interact with the child, allowed team members to observe the child's performance across a number of areas, provided an opportunity for team members to observe and learn from each other, and resulted in more team consensus on treatment needs (Worley & Dyk, 1984).

In the transdisciplinary play-based assessment (TPBA) model, as presented by Linder (1990), children were observed doing what they like to do, playing. There was an emphasis on a collaborative team approach, that included the parent(s). In most instances, the child was very comfortable and more likely to be involved in activities similar to those that were a common occurrence in play situations. The parents considered the procedure to be more meaningful and less frustrating.

Team collaboration strengthened the skills of the participants, expanded the range and type of information gathered, provided an opportunity to share and discuss observations, determined eligibility for services, ascertained levels of developmental functioning, and planned intervention and curriculum strategies. The TPBA process was considered "a natural, functional, approach to assessment... developed to enable a team to create an accurate, intricate, dynamic portrait of a child... (in a) cross-disciplinary analysis of development level, learning style, interaction patterns, and other relevant behaviors." (Linder, 1990, p. ix).

Linder (1990) began to develop the TPBA model in 1984, following a visit to England where she had observed the use of play observations, which resulted in "practical, meaningful descriptions of children who were identified as having a handicap" (p. ix). The parents were pleased that their children were cooperative and demonstrated skills that they had seen in other environments. It was noted that even in training sessions involving 100 people, the children were oblivious to those observing them. In addition, "children who had been considered untestable played and interacted comfortably in play-based assessment" (Linder, p.ix).

Bagnato and Neisworth (1991) indicated that a transdisciplinary approach was most effective when team

members shared roles and responsibilities in a flexible manner. They noted that members of the team needed to develop skills in team dynamics and consensus-building to facilitate the coordination of team decision-making. Remembering Fewell's (1983) comment that teams are made not born, training in team collaboration should be considered.

Huebner and Gould (1991) concluded in their study that although school psychologists frequently served as the team leader in the multidisciplinary evaluations and conferences in their schools, one-quarter of their sample "indicated no formal pre-service or in-service training for this role ....implying that school psychology training programs should focus more attention upon training school psychologist in leadership roles" (p.432).

Bagnato et al. (1987) discussed the importance and the role of a developmental school psychologist (DSP), in the inter- or transdisciplinary team assessment to serve preschool children and their families. They considered the school psychologist to be the pivotal member of the assessment team. It was noted that the traditionally trained school psychologists most likely were not prepared to provide early intervention services and that service demands tended to be catalysts for available training.

P.L. 99-457 (and its amended and reauthorization version, P.L. 102-119) including Part H, extended the need

for psychological services to infants, toddlers, and preschoolers; created a subspecialty of preschool psychology; and increased the demand for DSP's (Bagnato et al.).

Russo and Rafoth (1991) and Dimidjian (1989) also supported a developmental subspecialty and the concept that early childhood professionals must be trained and certified in working with young children in a naturalistic environment.

Although the roles in an inter- or transdisciplinary assessment may overlap, it is the DSP who should have the special competencies to serve as an interactive therapist, assessment specialist, teacher consultant, program evaluator, research coordinator, systems facilitator, primary prevention advocate, and inservice educator (Bagnato et al., 1987). The DSP case manager could be "in a collaborative position to ensure ecological and holistic programming and implementation for a sound education for each young child" (Russo & Rafoth, 1991, p. 3).

The National Association for the Education of Young Children's (NAEYC) position regarding the use of standardized tests when assessing a preschool child and the importance of developmentally appropriate assessment procedures when working with preschool children and their families was presented by Bredekamp and Shepard (1989).

NAEYC was not opposed to all standardized testing of young children, but strongly supported ongoing assessment of a child's development and learning as essential for appropriate curriculum planning and individualized instruction.

If standardized tests were used, they must be valid and reliable measures "used only for the purposes for which they were designed and for which data exist to support validity" and used "only to benefit children in some way" (Bredekamp & Shepard, 1989, p. 15). The NAEYC position on testing included a caution that if a decision was to be made that had a major impact on a child, such as placement in a special program, there must be multiple sources of information and the decision must never be based upon a single test score (Bredekamp & Shepard, 1989).

NAEYC considered it appropriate to use standardized tests to detect those children who may have a health problem or developmental disability, to guarantee early identification of children with special needs, to determine the nature of the problem, and to suggest remediation strategies. Thus, NAEYC acknowledged that standardized tests administered by qualified professionals provided helpful diagnostic information (Bredekamp & Shepard, 1987).

Labeling and mislabeling preschool children, following an assessment, was a major concern. According to Bagnato et al. (1987):

> Despite its limitations, the categorical system prevalent in school-age programs is generally employed; for the young exceptional child, however, the issue of diagnosis and labeling is both perplexing and often unwarranted at such an early age... programming decisions about children during the period from preschool to school transition become problematic when such labels are required, and the DSP is compelled to provide a diagnostic label in the face of uncertain and often transient assessment results. (p. 84)

Labels might harm the children's feelings of themselves, influence their teachers' and parents' feelings about the children's learning ability, and influence the expectations of the parents and school staff. Hobbs (1975) noted that the federally funded Project on Classification of Exceptional Children included as one of its objectives "to increase public understanding of problems associated with the classification and labeling of children who are handicapped..." (p. ix).

Bagnato et al. (1987) noted that "longitudinal data through serial assessments before, during, and after

intervention... allow more stable and valid diagnosis and predictions. Administrative procedures, particularly in public preschool programs, must accommodate this new reality for the DSP" (p.84).

Others have written of their concern about labeling children, have recommended changes, and have provided suggestions. Lidz (1982) indicated that classifications which specify mental retardation and learning disability do not recognize that preschool children are not easily assigned to either of these groups, but do have developmental delays which justify early intervention.

Requiring the traditional criteria thwarts the very purpose of early childhood education (Peterson, 1987). Peterson stressed that the intent was to intervene before problems compounded into diagnosable abnormalities or before physical disabilities interfered with the development in other areas. In addition, categorical labels of disabilities were difficult to apply since the diagnostic criteria were often inappropriate for young children. According to Paget and Nagle (1986), "issues related to premature labeling, rapid development change, and the need to assess within the context of situational specifity make very complex the process of interpreting legislative mandates for very young children" (p. 155).

Paget and Nagle (1986) stated:

> The concern over premature labeling and categorization of handicapping conditions at the preschool level results in less reliance on global scores from formal assessment devices, increased reliance on directly observable behaviors in particular settings, and careful differentiation of specific abilities within various domains of functioning... The issues of developmental change, behavioral fluctuation, emerging skills, and situational variables have direct impact on the reliability and validity of procedures used at the preschool level. (p.158)

According to Neisworth and Bagnato (1986), assigning a clinical category is especially difficult and unproductive at the infant and preschool levels. An exceptional child at this age has not developed consistent skills, is difficult to test, and is known to change rapidly.

Smith and Schakel (1986) expressed concern that at the preschool level, besides the uncertainty about labeling a child, there is also the possibility of mislabeling a child. Because of the lack of precision in assessment instruments and procedures for this age group, and inconsistency of responding, the potential for a misdiagnosis is much greater. A child may not be identified for services because diagnosticians want to avoid inappropriately labeling a

child. Most likely it is the mildly handicapped child, the one who could most benefit from early intervention, who loses the opportunity because of the caution of mislabeling.

Research has shown that IQ scores can change significantly in young children (Berruta-Clement et al., 1984; Schwienhart et al., 1986). A child who may be identified as retarded during the preschool years, may not be so diagnosed later. "There is considerable evidence that mental retardation is not a hopeless, unresponsive condition- that good training and environment manipulation can make a significant difference in a child's life" (Hobbs, 1975, p.145).

Many professionals now accept that the level of functioning and the rate of development may be raised or lowered by educational and environmental factors. Hallahan and Kauffman (1986) suggested that "when the possible degree of retardation is in the mild range, however, professionals prefer to take a conservative approach in identifying young children...They often refer to these children as 'at-risk,' the idea being that they are at risk to become classified as mentally retarded once they attend elementary school" (p.70).

Physical disabilities or diseases that cause impairments could be diagnosed medically and present fewer problems. However, disabilities that involve "disorders

that are inferred indirectly from assessments of cognitive skills and behavior present serious problems in regard to the young child" (Peterson, 1987, p.80). Definitions for mental retardation, learning disabilities, and behavior disorders are written for older children. Requiring a diagnosis of disability before a child is eligible for special education services follows the traditional medical model (Peterson).

Peterson (1987) questioned how one could make a fair, reliable, and definitive diagnosis when assessing preschoolers. She stressed that "early childhood special education requires a new and fresh approach to the task of identifying and labeling early problems in young children" (p.81). Applying labels before beginning intervention was inappropriate if the purpose of early childhood intervention was to minimize and possibly prevent the eventual diagnosis of a handicap (Peterson). Paget (1985) noted that the "trend toward non-categorical services aims at defining children with handicaps by their special needs rather than by a specific handicapping condition" (p.11).

A positive step has been taken by the State of Washington which defined a "handicap" in a preschooler or infant in a more appropriate way by changing the eligibility guidelines for children who could be served in early intervention programs (Peterson, 1987). Instead of using a

categorical diagnosis to identify infants and preschoolers who need help, a child from birth until first grade, was considered eligible to receive services when identified as having a significant delay or being developmentally handicapped if she/he was functioning at 75% or less of her or his chronological age in two or more of the following developmental areas: fine motor, gross motor, expressive language, receptive language, social, self-help, cognitive, or sensory development (Peterson).

The child's profile was derived from individually, standardized, or professionally recognized developmental scales that resulted in chronological age equivalents. If a child did not meet the prior criteria, but a medical practitioner documented that the student had a high predictability of future developmental delays and was in need of special education and related services, a special education placement was recommended. A student who became eligible for the first grade during the school year could remain eligible as a preschool student for the remainder of the year.

In 1986, Smith and Schakel reported that eight states were known to have some type of noncategorical identification policies. All of the states indicated that noncategorical procedures allowed for flexibility in providing necessary early intervention and recommended a

noncategorical identification policy to other states (Smith & Schakel).

According to Smith and Schakel (1986) possible noncategorical alternatives might be "developmentally delayed," "preschool handicapped," or "at-risk." They are labels, but most likely would not have the effects as special education classification labels. Such designations would allow professionals to circumvent the special education categories such as educable mentally handicapped (EMH), trainable mentally handicapped (TMH), behavior disordered (BD), or learning disabilities (LD).

Written procedures should be established such as (a) a well-defined measurable level of developmental delay, (b) an assessment process that required diagnosis by an inter- or transdisciplinary team, and (c) ongoing, follow-up activities designed to further the diagnosis for whatever noncategorical policy is followed (Smith & Schakel, 1986).

Another option would be to label the higher functioning developmentally delayed children "at-risk." Even the "at-risk" label needs to be used with caution. Hrncir & Eisenhart (1991) stressed that even this classification may be harmful and undermine one's best intentions. Their cautions included "(a) risk is not static, (b) standardized test scores are not effective predictors of risk, and (c)

children are not isolated entities, but develop within an ecological context" (p.24).

Hrncir & Eisenhart (1991) stated early childhood practitioners must have an understanding of the factors leading to "at-risk," should remember the three statements above when using the "at-risk" label, and use it judiciously to facilitate the identification of children with potential problems who would benefit from participation in an early intervention program.

In the writer's state, an identification/labeling procedure was required for special education reimbursement for children in the three to five-year-old program. However, speech/language was assigned as the primary handicapping condition when identifying many of the preschoolers as eligible to receive ECSE services.

There was also eligibility criteria for the state's birth through two-year-old P.L. 99-457/P.L. 102-119, Part H program. In 1990, the State Interagency Council On Early Intervention finalized their (birth through 36 months) plan for implementation of P.L. 99-457/102-119, Part H, which included a definition for the child's eligibility based upon developmental delay or at-risk of delayed development. The diagnosis of eligibility for services must be made by an interdisciplinary team using standardized assessments, or criterion-referenced measures, or clinical judgement of the

team. Domains to be assessed included cognition, communication, motor, social, emotional, and self-help. The importance of the child's environment was stressed.

When assessing preschool children, the ecological perspective must be considered. Bronfenbrenner (1979) stated that "the ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and the larger contexts in which the settings are embedded" (p. 21).

Bronfenbrenner (1979) discussed the importance of the micro-, meso-, exo-, and the macrosystems as they fit into the ecological environment. The microsystem included the child's home and family, day care center, playground, etc. where the child was experiencing face-to-face interactions with the environment in a given setting. Butler (1989) believed "that children born into poverty often suffer from debilitating deprivations that seriously impair their ability to learn" (p.51).

The child needed to develop attachments, bonds, and trust within the microsystem. Language and interactions with the parents and other members of the family were important. Safety, adequate nutrition and health care, and

nurturing were all vital in those early months and years of a child's life.

The mesosystem included two or more settings in which the child might interact such as home, church, school, and neighborhood (Bronfenbrenner, 1979). It was what children observed in the home and community that influenced what they wanted to be and do when they "grew up." Relatives, friends, members of the home, school, and church could be very important as a support system and model to the child and his family.

An exosystem included one or more settings in which the child was not an active participant, but was affected by what happened in the setting(s). Examples would be where the parent(s) work; the school attended by a sibling, parent(s) friends; and services, transportation, and businesses in the community (Bronfenbrenner, 1979).

The macrosystem involved the belief system within society such as the value government/funding agencies placed on the child's well being and the deliverance of services to children and their families.

Hobbs (1975) supported the ecological perspective stating that "each child's ecological system is unique...Assessments and interventions focus on interchanges between the child, the settings in which he participates, and the significant individuals who interact with him...The

objective is not merely to change or improve the child but to make the total system work" (p.114). Paget and Nagle (1986) also believed that "the uniqueness of preschool children, the impact of behavioral change on test results, and the importance of the assessment-intervention linkage all point to the necessity of taking an ecological approach to the assessment of preschool children (p.159).

Schakel (1986) suggested that the "case for an ecological approach to cognitive assessment is clear, but that most of the formal cognitive assessment tools and techniques currently available were not developed within an ecological framework" (p.202). Also, if an ecological framework was used, an ability to predict later performance would not be critically important. A child's cognitive performance would vary over time and in various situations due to the rapid development of young children and the influence of different environments, situations, and adults (Schakel).

Most of the authors mentioned the importance of the family in the assessment/intervention activities. Bagnato and Neisworth (1991) stated parents must be part of the assessment team, that they "have ultimate control over the decisions ...family input is required and extremely important when writing goals" (p.125). They noted that "as parents become active and effective participants in

assessment and treatment decisions, this experience may have a positive impact on the welfare of the parents, family members, and the development and progress of the child" (p.131).

However, Mowder, Unterspan, Knuter, and Goode's (1991) research indicated that parent consultation in a full-case study was very limited although "most literature on preschool education and services cite parents as key in preschool children's psychoeducational growth and development" (p. 11). Turnbull & Turnbull (1990) and Schorr (1988) noted the importance of respecting the families and acquiring the families' trust. Parental acceptance and involvement could facilitate the development of effective and meaningful communication among parents and professionals (Turnbull & Turnbull).

Effective family assessment procedures should be considered to (a) meet legal mandates, (b) better understand the child as part of the family system, (c) identify the family's needs for services, (d) identify the family's strengths that promote family adaptations, and (e) expand the base for evaluating services (Bailey & Simeonsson, 1988). According to Bagnato & Neisworth (1991), family involvement and assessment/intervention procedures must be integrated into the preschool assessment process, addressing both the child's and family's strengths and needs. They

suggested that the developmental school psychologist should guide "teamwork so that the family had a central role and an equitable voice in decision-making" (p.4).

Before one can expect a change in the current practices of preschool assessment and family involvement, quality staff development must be implemented. Sparks and Vaughn (1989) indicated that a "strong and knowledgeable leadership by the school boards and superintendents was the key to high-quality staff development programs" (p.1). In order to attain the desired goal, the administrators and staff must attend courses, workshops, and conferences together (Sparks & Vaughn).

If practicing school psychologists are expected to change their assessment procedures when serving preschool children and their families, the local school boards and administrators need to be supportive.

A district plan should be developed; funds need to be allotted for staff development; awareness activities need to be presented in workshops, classes, study groups, observation, and or coaching; resources should be allocated for pupil personnel services; special training should be provided for the "leaders;" staff should be encouraged to take risks, to experiment; and the services of available consultants should be utilized.

If one expects new ideas to have a lasting impact, they must be repeated in a series of presentations (Marte, 1989; Perry & Cacioppo, 1986). Haring, Foltman, Lynch, Heggelund, Pruess, and Zodrow (1988) indicated that it would take a minimum of 1 1/2 years for a change to occur in an organization and that additional time would be required for refinement.

The literature revealed some causes of the problem of school psychologists not using the most appropriate assessment procedures when evaluating preschool children. Traditional school psychologists treated the preschool child like the school-age children they assessed. Most college training programs did not have specialized training components to prepare personnel to work with preschool children.

Inservice training/workshops were limited for the professional school psychologists. Content in courses appeared to focus on norm-referenced assessment instruments with little emphasis on criterion and curriculum-based measures. Courses taken in developmental psychology or child development and training experiences with young children were most likely limited, and information about the preschool child was supplemental. If the preschool service delivery area was an option, it most likely concentrated on

assessment with limited emphasis on indirect service delivery.

Although perplexing for some adults and unwarranted for the preschool child, the categorical system was prevalent. Often, there was a lack of administrative and/or staff support for replacing the traditional, isolated, nondevelopmental testing with inter- or transdisciplinary team assessments in a naturalistic environment. Longitudinal data was not obtained before, during, and after intervention. Some personnel were unable to share in the interdisciplinary team assessment and relinquish their role in a transdisciplinary/arena assessment.

Too frequently, family involvement and assessment had not been integrated into the preschool assessment process.

The writer's literature search included several topical areas: communication methodology, education, educational psychology, psychology, and sociology.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was to increase the use of developmentally-based assessment procedures by school psychologists when evaluating preschool children. Courses and experiences related to serving preschool children and their families needed to be provided in the university school psychology training programs as well as at workshops and inservice training for the professional school psychologists.

Behavioral Objectives

Objective 1:

A school psychologist's preschool assessment training module will be prepared, including trainer and trainee manuals, for those serving the preschool population and their families.

The end result will be the final product, including trainer and trainee assessment manuals for those serving the preschool population and their families.

By reviewing the training materials, the writer will determine if trainer and trainee manuals were prepared.

Objective 2:

At the conclusion of this practicum, participants will demonstrate increased support of and use of developmentally appropriate assessment procedures when evaluating preschool children.

After interviewing participants, reviewing the Inservice Training Surveys, and comparing the Preschool Evaluation Report Checklists: Pre/Post Inservice Training, the writer will ascertain if there was increased support of and use of developmentally appropriate assessment procedures by the participants.

Objective 3:

The university school psychology training programs will increase their course offerings/requirements related to developmentally appropriate preschool assessment procedures.

Through an interview of university staff it will be determined if there has been an increase in courses related to developmentally appropriate assessment procedures.

Measurement of Objectives

In order to determine if the objectives were met, the writer:

1. Reviewed materials used during the inservice training sessions to ascertain if trainer and trainee manuals were developed and used during the training sessions.
2. Reviewed the data from the inservice sessions, including those who attended, the disciplines represented from each district or cooperative to determine if team members from a district or cooperative included the various disciplines, administrators, and board members.
3. Reviewed Assessment Training Surveys completed following the training sessions to ascertain the participants perceptions of the training sessions.
4. Compared the Preschool Evaluations Report Checklists: Pre/Post Inservice Training to determine if positive changes in participants' support and use of developmentally appropriate assessment procedures resulted.
5. Contacted university staff to determine if there had been changes/additions in the courses and experiences available to school psychology students.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The identified problem was that those evaluating preschool children, including the school psychologists, were often using less than ideal assessment procedures.

It was found during the literature review that school psychologists and other support staff needed to be trained to use developmentally based assessment instruments, procedures, and ecological methods, in a naturalistic setting, when serving preschool children and their families. Training was more effective if it was repeated in a series of presentations and if administrators and school board members attended inservice activities with the assessment team.

Possible solutions to the problem follow:

1. Providing inservice training which included preschool assessment, consultation, and intervention for professional school psychologists and other professionals who served preschool

children and their families (Bagnato et al., 1987; Bailey & Simeonsson, 1989; Hrncir & Eisenhart, 1991; Lidz, 1986; Mowder et al., 1991; Paget & Nagle, 1986; Peterson, 1987; Smith & Schakel, 1986; Turnbull & Turnbull, 1990).

2. Including the DSP as an option and preschool service delivery training as a requirement for school psychologists in the university training programs (Bagnato et al., 1987; Bagnato & Neisworth, 1991; Dimidjian, 1989; Mowder, 1989; Russo & Rafoth, 1991).
3. Preparing preschool assessment trainer and trainee manuals to be used in inservice training sessions, which would include NASP and NAEYC's position on using standardized tests when assessing preschool children as well as ecological and developmentally based preschool assessment, consultation, and intervention practices (Bredekamp & Shepard, 1989; Bronfenbrenner, 1979; Butler, 1989; Hobbs, 1975; NASP, L991; Paget & Nagle, 1986; Schakel, 1986; Widerstrom et al., 1989).
4. Providing training for school psychologists and other professionals participating in assessing the preschool child that included the implementation of the inter- and transdisciplinary team assessment

models (Bagnato & Neisworth, 1991; Linder, 1990; Worley & Dyk, 1984).

5. Supporting state regulations that required the use of developmentally appropriate assessment procedures as a prerequisite to districts / cooperatives receiving ECSE funds (Bagnato et al., 1987; NASP, 1991).
6. Requiring a DSP certificate for special education personnel reimbursement for those who served the preschool population in a cooperative or district (Bagnato et al., 1987; Smith & Schakel, 1986).
7. Including sessions addressing appropriate delivery of preschool services for special education directors and school administrators as part of their administrator's academy training (Sparks & Vaughn, 1989).
8. Preparing and sending preschool awareness information to the superintendents, special education directors, and school board members (Marte, 1989; Perry & Cacioppo, 1986; Sparks & Vaughn, 1989).
9. Preparing and submitting information regularly, regarding developmentally appropriate assessment procedures, to be included in the state school

psychologists' newsletter (Marte, 1989; Perry & Cacioppo, 1986).

From the above solutions, the writer chose to limit the practicum to increasing training opportunities for school psychologists who served or who are interested in serving preschool children and their families.

Description of Selected Solution

Training the state professional school psychologists who served preschool children and their families and increasing the availability of courses related to serving preschool children and their families at the universities that provided school psychologist training programs were the most immediate solutions to the problem.

ISBE staff members responsible for administering the early childhood and school psychology programs indicated interest and support in increasing the information available to professionals regarding the delivery of services to preschool children and their families. There was a possibility that federal discretionary funds administered through the state would be available to provide training locations. Officers in the state school psychology organization indicated an interest in increasing members training opportunities related to serving preschool children and their families.

The chairperson of the Directors of University School Psychology Programs (DUSPP) indicated an interest and invited the writer to attend the group's next meeting. This group included representatives from all the universities in the state that train school psychologists.

Since the training provided for the ITAP Infant/Toddler modules was very successful, the writer planned to utilize information from the ITAP staff when planning training sessions addressing the three-through five-year-olds. There were experienced and knowledgeable individuals in the state who were willing to support this endeavor.

The writer had the background and experience to prepare and conduct training sessions.

Report of Action Taken

The implementation of the proposal proceeded in a timely manner, with some exceptions, as soon as the writer was given permission. There were intermittent delays resulting from decisions made by key individuals involved in the planning and implementation of some of the training activities. A log was kept to monitor progress and to note problems or unexpected events.

The writer contacted, made appointments, and met with the staff members at ISBE responsible for the Early Childhood Special Education Program, Birth Through Two

Program, and the psychology consultant to ascertain the extent of their involvement. Names, phone numbers, and referrals were provided regarding the collection of state statistics about school psychologists serving the preschool population.

Following a few phone calls, the writer received a list that included the practicing school psychologists in each school district or special education cooperative in the state, the grade levels of the students served, years experience, areas of certification, and universities where degrees were received.

The preschool resource specialist, in the Regional Technical Assistance System (R*TAS--a statewide system funded, with federal discretionary funds, by the State Board of Education, Department of Special Education) responsible for assessment training, was contacted and arrangements were made to meet with her, and with the state staff members responsible for ECSE activities.

The writer prepared a list of possible activities to be considered during the meeting. At that meeting, a consensus was reached regarding the writer's role in the planned assessment training activities. Periodically, phone calls were made to the preschool resource specialist and state staff members to share information/ progress of planned activities. R*TAS preschool resource specialists serving

the writer's area were also contacted and informed of the planned activities.

After reviewing the manuals prepared for the state funded Technical Assistance Project (ITAP) infant/toddler training sessions, the writer contacted the ITAP statewide coordinator of the birth through two personnel training sessions to request information and to inform her of plans to prepare a manual to be used to train staff regarding the assessment of three to five-year-olds. The ITAP coordinator told the writer that she was involved in plans to prepare trainer and trainee manuals for preschool assessment similar to those prepared for the birth through two assessment training module.

When asked if the writer could also participate, the coordinator indicated that the contributors had already been contacted and were involved in writing various components of the manuals. However, the writer was invited to attend the first training session, in which the Exploring Alternatives for the Assessment of 3-5 Year Olds trainer and trainee manuals would be used, to evaluate the completed product. Frequent contact was made with the ITAP coordinator to monitor the progress on the writing of the trainer and trainee manuals.

Since the writer would not be participating in writing the manuals, it was determined that she could be responsible

for providing follow-up training to local preschool assessment teams who had attended the initial two-day session. It was anticipated that some of the participants would need additional support and encouragement to implement a change in delivery of service (Marte, 1989; Perry & Cacioppo, 1986).

As the delays in the trial training session continued, time was decreasing for the writer to implement her planned follow-up sessions, which were to be a few months apart to allow time for participants to practice/experiment with some of the ideas introduced. As time passed, the writer became more concerned about the limited time available. During the unexpected delay, the writer continued to read and compile information for the follow-up inservice sessions she planned to conduct.

When the Exploring Alternatives for the Assessment of 3-5 Year Olds trainer and trainee manuals were completed and a date could be agreed upon to conduct the trial training session, the writer was invited to participate. The trial training session was scheduled and conducted December 12-13, 1991 and plans were made for a session scheduled February 5-6, 1992. It was determined by those involved that the writer would concentrate on helping those preschool assessment team members attending the February 5-6, 1992

session. Dates for the follow-up training activities were being considered, but had not been finalized.

The writer wrote the ITAP coordinator January 3, 1992 requesting that she review the Preschool Evaluation Checklist: Pre/Post Inservice Training and letter to be sent to the assessment team members attending the December and February Exploring Alternatives for Assessment of 3 to 5-Year-Olds module. The coordinator was also reminded to send a list of the participants and the compilation of data received from the trail training session. The Assessment Training Survey and Preschool Evaluation Report Checklist: Pre/Post Inservice Training were prepared for distribution.

A few weeks before the Exploring Alternatives for the Assessment of 3 to 5-Year-Olds training session was scheduled, the ITAP coordinator called the writer stating that the session, as well as those scheduled for the remaining of the school year, had been canceled.

An administrative decision was made to make revisions in the manuals before conducting further training sessions. Since the planned Exploring Alternatives for the Assessment of 3-5 Year Olds training sessions for the remainder of the school year were canceled, the follow-up inservice activities for the Exploring Alternatives for the Assessment of 3-5 Year Olds module the writer had planned to conduct were no longer appropriate.

Instead, plans were made immediately for the writer to provide preschool assessment inservice training for team members who indicated an interest/willingness to participate in local training. R*TAS resource specialists provided support and encouragement by suggesting personnel who might be interested in the inservice training. Interested individuals and special education directors were contacted and the writer volunteered to provide initial and follow-up inservice sessions for preschool assessment teams in their district or cooperative. Two of the four groups contacted accepted the writer's offer. The other two groups contacted had already made alternative inservice arrangements.

Within two weeks, individuals and special education directors who had earlier expressed an interest in inservice training were contacted and final arrangements were confirmed, including dates (last two weeks in February and the first week in March), times, locations, and participants, for afternoon inservice training sessions, with an option to request follow-up consultation. Each group's specific needs and interests were considered when preparing the presentations.

The writer finalized preparations for inservice training activities and information to be presented to the preschool assessment teams. Books authored by Bagnato and Neisworth (1991) and Linder (1990) were used as the basis of

the information shared and copies were left for the participants to review.

Preparations were made for a training activity that would actively involve the participants in the learning process based upon Beninghof and Singer's (1992) suggestions in introducing the concepts of multi- inter- and transdisciplinary assessment.

Phone calls were made a few days before the inservice training to confirm arrangements and local needs.

The major topics discussed during the writer's inservice training sessions were: multi- inter-, and transdisciplinary play-based assessment; locations and activities of programs that have implemented transdisciplinary play-based assessment; flexibility of the BDI; using observations in assessments; role of a facilitator and team members; parent participation in the assessment; sharing observations and information; labeling; making recommendations; and writing a team evaluation report. These appeared to meet the participants' immediate needs.

Those who attended the inservice training sessions were given several handouts, including information about the Battelle, building of an effective team, and NASP's position statements on early childhood assessment. A list was

compiled of all the disciplines represented at the inservice.

At the beginning of the inservice training sessions, the Preschool Evaluation Report Checklist: Pre/Post Inservice Training was distributed and participants were asked to complete the "Pre" column based upon a preschool evaluation report he/she wrote. Each participant in the central group was asked to keep the checklist and to complete the "Post" column before or when the writer returned for the follow-up inservice session, using an evaluation report written for a preschool child assessed after the first inservice session.

The southern group participants were asked to return the checklist within three weeks, via the Early Childhood (EC) Coordinator. All participants were given copies of the Assessment Training Survey to complete before leaving the initial inservice session.

Results of the surveys were reviewed and arrangements were confirmed for the central state follow-up inservice session. The director and a staff member were contacted to determine if any specific questions or problems had arisen following the first inservice session or if there were any specific requests.

A letter was mailed to the EC Coordinator/contact person for the southern group commending them on their planned activities and offering further encouragement.

Compilation of the data was completed after returning from the central state follow-up training session and receiving the information in the mail from the southern group.

When the chairman of the Directors of the University School Psychology Programs (DUSPP) in the state was contacted, he provided a list of names, addresses, and phone numbers of the staff members, at each of the universities in the state, responsible for school psychology training. He also invited the writer to a DUSPP meeting. The staff members at each university were contacted and information was requested regarding courses required and available as electives relating to serving infants, toddlers, and preschoolers and their families.

At the DUSPP meeting, the writer shared data she had collected regarding the status of the professional school psychologists (years of experience, number serving the 3-5 population, certification, and universities where received degree) and her concerns related to courses, experiences, and training available to students and to professionals who serve or plan to serve the preschool child.

The appropriate chairperson and officers of the State School Psychologists' Association were contacted to request an increase in sessions addressing early childhood issues at the next state conference and to support professional preschool assessment inservice training sessions during the school year.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

Throughout the state, individuals who were evaluating preschool children, including the school psychologists, were often using less than ideal assessment procedures. The solution was to increase training opportunities for school psychologists who served or who were interested in serving preschool children and their families.

Objective 1: A school psychologist's preschool assessment training module will be prepared, including trainer and trainee manuals, for those serving the preschool population and their families. The first objective was met. A training module was prepared including trainer and trainee manuals, Exploring Alternatives for the Assessment of 3-5 Year-Olds.

Objective 2: At the conclusion of the practicum, participants will demonstrate increased support of and use of developmentally appropriate assessment procedures when evaluating preschool children. The second objective was also met. Participants' comments and responses on the

Assessment Training Survey and Preschool Evaluation Report Checklist; Pre/Post Inservice Training indicated that the inservice activities had been helpful, they had tried some of the recommendations involving developmentally appropriate procedures when assessing preschoolers, and they were pleased with their assessment outcomes resulting from a change in their preschool assessment procedures.

Objective 3: The university school psychology training programs will increase their course offerings/ requirements related to developmentally appropriate assessment procedures. This objective was partially met. During follow-up interviews, two universities had school psychology staff members that provided training in inter- and transdisciplinary assessment procedures, including play-based assessment and observation, in their preschool assessment courses. One university's professor had left who taught developmentally appropriate assessment procedures in 1990-91. Two professors indicated an interest in materials, literature, and books that the writer recommended.

Discussion

ISBE, ITAP, and R*TAS staff were especially helpful and supportive of the writer's endeavors. Even though many unexpected circumstances arose, over which the writer had

nocontrol, there were some very positive outcomes, as a result of the writer's activities.

When initially contacted, the ISBE Special Education Early Childhood specialist had already submitted her proposal for funds for the 1991-92 school year, the ITAP training plans had been made for the coming year, including the preparation of manuals for the new 3-5 assessment module, and the R*TAS resource specialist had submitted proposals with specific timelines, use of funds, and agenda.

The writers for Exploring Alternatives for the Assessment of 3-5 Year Olds had very demanding schedules and it appeared difficult for them to meet to coordinate their respective components. Delays in the assembling of a final product and the availability of the person who was responsible for conducting the training resulted in repeated rescheduling of the trial training session, in which participants were to evaluate the training manuals and inservice activities.

However, the two-day training session was conducted and participants attending included ISBE staff, R*TAS preschool resource specialists, an ECSE coordinator and a few school district/special education cooperative preschool assessment teams (school psychologists, social workers, speech/language therapists, school nurse, coordinator, principal, and special education director). Many of the participants

attended the inservice as members of a local preschool assessment team. One of the authors of the training manuals, the specialist on transdisciplinary play-based assessment, conducted the training

Although the writer did not have access to the written evaluations (an administrative decision was made not to distribute the results since the manuals were to be rewritten) following the two-day inservice, Exploring Alternatives for the Assessment of 3-5 Year Olds, participants shared several positive comments in support of the activities, at the close of the training session.

Overall the group appeared to be positive, but did make recommendation for improving the manuals/training, specifically: introducing, discussing, and comparing multi-, inter-, and transdisciplinary assessment; including the information to be used for observation training of the five domains in the manuals; and spending more time on practicing observation skills and less time on information presented in the birth through two assessment module.

The 2 1/2 to 3 hour afternoon inservice sessions, conducted by the writer, appeared to be the appropriate length of time for each group and the topics discussed within that time frame were of interest to the participants.

Those attending the southern inservice session included the EC coordinator, school psychologist, social worker, speech/language therapist, school nurse, and ECSE teacher.

Attending the writer's central inservice sessions were school psychologists, social workers, and ECSE teachers. The special education director met with the writer during lunch and participated at the beginning of the session. His memo to the staff, informing them of the inservice, and his comments before and after the inservice, indicated that he was very supportive of the information presented.

Participant's verbal comments and responses on the Assessment Training Survey were also supportive of the activities and information presented.

Following are some of the participants' comments: "This really helped me understand the difference between multi-, inter-, and transdisciplinary assessment." "This was fun." "Thanks so much for helping us." "I'm anxious to try play-based assessment." "I want to try using the Battelle in an interdisciplinary assessment and as an observation instrument." "Your ideas were just the 'shot in the arm' we needed." "I want to try Linder's transdisciplinary play-based assessment, using her observation guidelines and age ranges for developmental skills." " You gave me the encouragement I needed to try something different." "We would like you to return after we

have tried using observations in assessing the preschool child." Before the writer left the inservice sessions, team members were making plans to schedule a child so they could try some of the ideas presented.

Some of the questions asked were: "What do you do when a team member doesn't want to try anything different?" "What about the time factor?" "Will interdisciplinary or play based/observation assessment take more time?" "Will ISBE accept a team evaluation report?" " Will you come back to answer questions after we have tried some of the ideas?"

Participants rated the inservice training activity in the 4-5 point range on the Likert scale of 1.0 to 5.0 (1.0 representing "poor and 5.0 representing "excellent." They also volunteered positive feedback on the activity, indicating it was very beneficial in helping them understand the value of transdisciplinary assessment. The products from the training activity were on the bulletin board, where they had been placed two weeks earlier, when the writer returned to the central group for her follow-up visit. They had been placed there during the discussion of the training activity. Those present had an opportunity to participate and visualize the difference in products when team members work in isolation to make a product, if they share to make a final product from the ones each had made, and when the product is the result of all team members sharing what is

available. The participants' pride in their products and their pleasure with the activity was heartwarming and especially gratifying for the writer.

The majority of the responses to the remaining items on the Assessment Training Survey were also within the 4-5 range on the Likert scale as noted in the following table:

Table 1
Participants' Assessment Training Survey Responses
N = 18 responding

	High 5	4	3	2	Low 1
	n	n	n	n	n
1. Organization of the speaker: (Excellent - Poor)	9	8	1		
2. Objectives of inservice: (Very Clear-Vague)	13	4		1	
3. Ideas and activities presented: (Very Interesting-Uninteresting)	11	6	1		
4. Scope was: (Very adequate-Inadequate)	5	11	2		
5. Inservice training activity: (Excellent-Poor)	8	8	1		1
6. Information beneficial to my job: (Very Beneficial-Not Beneficial)	6	8	3		1
7. Overall, Inservice: (Useful-Not Useful)	9	7	2		1
8. My awareness/knowledge: (Increased-Remained Same)	6	9	2		1
9. Need additional information?	Yes 9		No 2		

The training activity was readily accepted by the adult learners and will most likely lead to retention of the information. The concept of multi-, inter-, and transdisciplinary assessment will be remembered because of the active participation in the learning process, their

feelings related to their role in the activity, and the procedures,apparent visual differences in the products (Zemke & Zemke, 1988).

During the follow-up session, participants readily shared their experiences and feelings of satisfaction with the new procedures they implemented in their preschool assessments. Peers had an opportunity to hear about the successes and to ask questions. Some of the teams taped their preschool assessment activities so they could review the tapes later to gain additional information about the child. Listeners appeared pleased and asked that they also have the opportunity to view the video tapes.

If there had not been a follow-up session provided, the participants would not have had the opportunity, which appeared to be of great value to them, to share in the learning experiences of their peers. Most often team members expressed pleasure with the amount of additional information that was obtained through observing the child, of participating in the observation together, and having the opportunity to share their observations. They felt information had been gleaned that otherwise would have been missed. One team was especially pleased that the principal wanted to be a team member the next time the team conducted an assessment. It was also mentioned that the ECSE teachers

felt more of an ownership in the assessment and recommendations when they participated in the assessment.

Responses on the Preschool Evaluation Report Checklist: Pre/Post Inservice Training indicated that the majority of the respondents did implement some of the suggested assessment procedures. Following are the specific areas where changes were noted between the pre- and post-inservice preschool assessments:

Three individuals participated in writing a team report;

Five were members of an interdisciplinary team;

Five participated in a transdisciplinary team assessment;

Ten conducted the assessment in a naturalistic setting;

Eleven noted that children were observed during play;

Nine included the parent in the assessment.

Conducting the inservice sessions on local turf, with small groups, appeared to promote an atmosphere of acceptance of the writer and a willingness to ask questions and share information. It should be noted that there was administrative support for both inservice sessions the writer conducted and the writer's presence was requested by some of the team members. The critical point was that participants were willing to "buy-into" the concepts

presented, and were willing to take a risk and try some of the more developmentally appropriate assessment procedures.

Based upon interviews with university staff, courses available to school psychology students at the universities had not changed significantly, although some of the professors indicated they were including inter- and transdisciplinary play-based assessment in their preschool assessment courses. In some instances, students who were interested in serving preschool children and their families were encouraged to use their electives to enroll in the appropriate courses in the early childhood education/early childhood special education departments.

For five years, one northern university in the state had included the DSP as a dual option for students at the doctorate level. However, university staff members indicated they could not afford to increase staff or courses because of the economic conditions in the state.

The DUSPP chairperson and the writer have agreed to continue to consider alternative training opportunities and possibilities to earn continuing education credit, for those school psychologists who are serving or plan to serve preschool children and their families.

Because of her practicum activities, officers of the state school psychologists' organization requested that the writer respond to the proposed competencies for the

discipline of school psychology developed by the Personnel Development Committee of the State Interagency Council on Early Intervention.

The sessions at the 1992 state school psychologist's conference, related to serving the preschool child, were well attended. Participants appeared to be pleased with the presentations, even the one held Saturday morning when members often do not stay for the half-day sessions.

Recommendations

The practice of maintaining a dated log of activities, contacts, responses, and suggestions for further actions was very helpful in keeping on task, monitoring progress, and collecting and summarizing data.

It was a necessity to maintain a congenial dialogue with interested staff members at ISBE and throughout the state, who served in discretionary programs funded through the ISBE and were responsible for training personnel who served preschool children and their families. Communication also remained open with chairpersons in the various organizations who were responsible for training and planning programs (including the universities), and with officers of the organizations, and local staff who served the preschool population.

Patience, understanding, and the willingness to adapt were needed to accomplish the stated goals. One needed to understand that personnel with each program/project had already written their proposals for funding and had their own agenda and guidelines regarding job descriptions, who was to be served, schedules, and priorities that staff members needed to follow, with very limited time or funds for any new ideas. In many ways, the writer's activities could be considered an awareness stage of implementation.

Open communication among all the "team players" though not always easy, should be a goal, even if it was unwritten. Without team cooperation between the leaders in the various programs, the writer would not have been successful. In future inservice sessions, consideration may need to be given to the inclusion of more "how to work as a team" activities (since teaming is a significant component when assessing preschoolers) and continue to stress training all disciplines and school district/ cooperative administrators (including board members, when possible) as members of the team. In addition, acceptance of individuals and their ecological systems and their need for encouragement must not be forgotten.

For changes to occur locally, one must be aware of the political climate and of some individuals' need for control. Even if there was support from some of the power base,

dissension within the team or administration could make it difficult to implement any changes. Taking time to get acquainted with the staff and administrators, in the beginning, and listening to their concerns and comments were worthwhile. Ultimately, it will be the staff who will implement the changes.

Dissemination

This practicum will be shared with appropriate ISBE and university school psychology staff members, as well as officers in the state school psychology organization. Information will also be given to the R*TAS resource specialists representing the six regions in the state who provide inservice training and technical assistance to early childhood special education staff throughout state.

Leaders and personnel in other disciplines who serve as assessment team members or who are interested in serving the preschool population and their families will also receive appropriate information. Contact will also be made with those responsible for training special education directors and administrators at the state required administrators academy and members of the school board organizations.

It is anticipated that information gleaned will also be shared at state, regional, and national conferences including the School Psychologists' Organizations, Council

for Exceptional Children, the Division of Early Childhood, and Association for the Education of Young Children.

Staff who have participated in the inservice sessions will be encouraged to share their successes with other school districts and/or special education cooperative preschool assessment teams, at local workshops as well as at state meetings. Consideration will be given to possible media activities to support those team members who have successfully implemented developmentally appropriate assessment procedures. Hopefully, a cadre of "experts" will soon be available as trainers/consultants in each of R*TAS regions.

Other options of sharing/disseminating information have been considered, including the school psychologists' state newsletter and the development of a preschool assessment kit for individualized study. ISBE staff members, in Early Childhood Special Education, want to increase local accessibility of the ITAP modules, which have been well-received by the inservice participants. There is also ISBE staff support for training sessions such as those conducted by this writer.

The writer plans to continue providing consultant services to ISBE and university staff and individuals in professional organizations and preschool assessment teams, throughout the state, to increase their awareness and use of

developmentally appropriate procedures when assessing preschool children.

REFERENCES

Bailey, D., & Simeonsson, R. (1988). Family assessment in early intervention. Columbus, OH: Merrill.

Bailey, D., & Worley, M. (1989). Assessing infants and preschoolers with handicaps. Columbus, OH: Merrill.

Bagnato, S. & Neisworth, J. (1991). Assessment for early intervention: Best practices for professionals. New York: Guilford Press.

Bagnato, S. J., Neisworth, J. T., Paget, K. D., & Kovaleski, J. (1987). The developmental school psychologist: Professional profile of an emerging early childhood specialist. Topics in Early Childhood Special Special Education, 7, 75-89.

Beninghof, A. & Singer, A. (1992). Transdisciplinary teaming: An inservice training activity. Teaching Exceptional Children, 24 (2), 58-61.

Berruta-Clement, J., Schweinhart, L., Barnett, W., Epstein, A., & Weikart, D. (1984). Changed lives, the effect of the Perry Preschool Program on youth through age 19. Ypsilanti, MI: High/Scope Press.

Bredekamp, S. (1987). Developmentally appropriate practice in early childhood programs serving young children birth through 8. (expanded edition). Washington, D.C.: National Association for the Education of Young Children.

Bredekamp, S., & Shepard, L. (1989). How best to protect children from inappropriate school expectations, practices, and policies. Young Children, 44 (3), 14-24.

Bricker, D. (1989). Early intervention for at-risk and handicapped infants, toddlers, and preschool children. (2nd ed.). Palo Alto, CA: Vort.

Bronfenbrenner, U. (1979). The ecology of human development. Harvard: Cambridge University Press.

Butler, O. (1989). Early help for kids at-risk: Our nation's best investment. NEA Today, 7 (6), 50.

Choi, H. (1992, February). Cognitive assessment of preschoolers: Limitations of standardized instruments. Paper presented at the meeting of the Illinois School Psychologist Association, Decatur, IL.

Curtis, M. & Batsche. G. (1991). Meeting the needs of children and families: Opportunities and challenges for school psychology training programs. School Psychology Review, 20, 565-577.

Drotar, D. & Sturm, L. (1989). Training psychologists as infant specialists. Infants and Young Children, 2 (2), 58-66.

Dimidjian, V. (1989). Early childhood at risk: Actions and advocacy for young children. Washington. D.C. National Education Association.

Epps, S. & Jackson, B. (1991). Professional preparation of psychologists for family-centered service delivery to at-risk infants and toddlers. School Psychology Review, 20, 498-509.

Fewell, R. (1983). Assessing handicapped infants. In S. Garwood & R. Fewell (Eds.), Educating handicapping infants: Issues in development and intervention. Rockville, MD: Aspen Systems Corp.

Hallahan, D. & Kauffman, J. (1986). Exceptional Children; Introduction to Special Education (4th Ed.). Englewood, N.J.: Prentice Hall.

Haring, N., Foltman, S., Lynch, Z., Heggelund, M., Pruess, J., & Zodrow, N. (1988). DISCO manual: Design for implementing systems changes in organizations. University of Washington: Program Developement Services.

Huebner, E., & Gould, K. (1991). Multidisciplinary teams revisited: Current perceptions of school psychologists regarding team functioning. School Psychology Review, 20, 428-434.

Hobbs, N. (1975). The future of children. San Francisco: Jossey-Bass.

Hrncir, E., & Eisenhart, C. (1991). Use with caution: The at-risk label. Young Children, 46(2), 23-25.

Illinois State Board of Education (ISBE). (1990 a). Minimum requirments for state certificates. Springfield, IL: Authors.

Illinois State Board of Education (ISBE). (1990). Teacher service record listing of all public certificated personnel. Springfield, IL: Authors.

Lidz, C. (1982). Issues in assessing preschool children. In K. Paget & B. Bracken (Eds.), The psychoeducational assessment of preschool children (pp. 17-27). Boston: Allyn & Bacon.

Linder, T. (1990). Transdisciplinary play-based assessment: A functional approach to working with young children. Baltimore, MD: Brookes.

Marte, M. (1989). The persuasive edge: The executive's guide to speaking and presenting. New York: Random House.

McDonnel, A., & Hardman, M. (1988). A synthesis of "best practice" guidelines for early childhood services. Journal of the Division for Early Childhood, 12, 328-341.

McLinden, S., & Prasse, D. (1991). Providing services to infants and toddlers under PL 99-457: Training needs of school psychologists. School Psychology Review, 20, 37-48.

Mowder, B. (1989). School psychologists serving at-risk and handicapped infants, toddlers, and their families. Paper presented at annual meeting of the New York Association of School Psychologists, New York.

Mowder, B., Unterspan, D., Knuter, L., & Goode, C. (1991). Psychological consultation and Head Start: Data, issues, and implications. Unpublished manuscript.

National Association of School psychologists (1991). Early childhood assessment: Position statement. Preschool Interests. 6 (3), 4-5.

Neisworth, J., & Bagnato, S. (1986). Curriculum-based developmental assessment: Congruence of testing and teaching. School Psychology Review, 15, 180-199.

Neisworth, J., & Bagnato, S. (1988). Assessment in early childhood special education: A typology of dependent measures. In S. Odom & M. Karnes (Eds.), Early Intervention for infants and Children with Handicaps (pp. 23-49). Baltimore, MD: Brookes.

Notari, A. & Bricker, D. (1990). The utility of a curriculum-based assessment instrument in the development of individualized educational plans for infants and young children. Journal of Early Intervention, 14, 117-132.

Paget, K. (1985). Preschool services in the schools; Issues and implications. Special Services in the Schools, 2 (1), 3-25.

Paget, K., & Nagle, R. (1986). A conceptual model of preschool assessment. School Psychology Review, 15, 154-165.

Perry, R., & Cacioppo, J. (1986). Communication and persuasion: Central peripheral routes to attitude change. New York: Springer-Verlag.

Peterson, N. (1987). Early intervention for handicapped and at-risk children. Denver, CO: Love.

Prasse, D. (1982). Legal issues underlying preschool assessment. In K. Paget & B. Bracken (Eds.), The psychological assessment of preschool children (pp. 29-50). Boston: Allyn & Bacon.

Reynolds, C. & Clark, J. (1982). Assessment of cognitive abilities. In K. Paget & B. Bracken (Eds.), The psychological assessment of preschool children. (pp. 163-190). Boston: Allyn & Bacon.

Russo, A. & Rafoth, M. (1991). Is a developmental subspecialty a necessity for school psychologist? Preschool Interests. 6 (3), 1,3.

Schakel, J. (1986). Cognitive assessment of preschool children. School Psychology Review, 15, 200-215.

Schorr, L. (1988). Within our reach: Breaking the cycle of disadvantaged. New York: Doubleday.

Schweinhart, L., Weikart, D. & Larner, M. (1986). Consequences of three preschool curriculum models through age 25. Early Childhood Quarterly, 1 (1), 15-35.

Smith, B. & Schakel, J. (1986). Noncategorical identification of preschool handicapped children: Policy issues and options. Journal of the Division for Early Childhood, 11, 78-86.

Sparks, D. & Vaughn, S. (1989, November). What every school board member should know about staff development. The Developer, 1.

Turnbull, A., & Turnbull, H. (1990). Families, professionals, and exceptionality: A special partnership. Columbus, OH: Merrill.

Widerstrom, A., Mowder, B., & Willis, W. (1989). The school psychologist's role in the early childhood special education program. Journal of Early Intervention, 13, 239-248.

Wolfenberger, W. (1972). The principle of normalization in human services. Toronto: National Institute on Mental Retardation.

Worley, M., & Dyk, L. (1984). Arena assessment: Description and preliminary social validity data. The Association for Persons with Severe Handicaps, 9, 231-235.

Zemke, R. & Zemke, S. (1988, July). 30 things we know for sure about adult learning. Training, 57-61.

APPENDIX A

PRESCHOOL INSERVICE INTEREST/NEEDS SURVEY

PRESCHOOL INSERVICE INTEREST/NEEDS SURVEY

This is a survey to glean information from school psychologists, in Illinois, regarding evaluating preschool children. The results will be available to state and university staff to plan future inservice activities.

Please take a few minutes to complete.

1. Sex: Female ____ Male ____

2. Age: 20-30____ 31-40____ 41-50____ 51-60____ over 60 ____

3. Years of experience: 0-5____ 6-10____ 11-15____ over 15____
   Years of experience working with preschool children:
   0-5____ 6-10____ 11-15____ over 15____

4. Employed by: Special Education Cooperative ____
   School District ____
   Other (list) ____

5. Number of School Psychologists employed in your work setting?____
   Number that evaluate preschool children? ____

6. Have you taken any college courses that addressed ONLY
   preschool assessment/evaluation? Yes____ No____
   infant and early childhood development? Yes____ No____
   service delivery to preschool children and their families? Yes____ No____

7. During your internship, did you evaluate preschool children to determine eligibility for placement in an Early Childhood Special Education program? Yes____ No____
   If yes, how many children?
   Less than 5____ 6-10____ 11-15____ 16-20____ More than 20____

8. Have you attended any of the following workshops:
   ITAP Assessing Infants and Toddlers (2 days) Yes____ No____
   ITAP Infant and Toddler Development (2 days) Yes____ No____
   ITAP Working With Families (2 days) Yes____ No____
   ITAP Building Better Teams (2 days) Yes____ No____

   April 1989 (1 day) workshop "The School Psychologist in Illinois: Programs for Children from Birth to Three Years" Yes____ No____

Number of presentations attended at ISPA/other conferences whose theme was working with preschool children:
0____ 2-3____ 4-5____ 6-10____ over 10____

9. Does you job include evaluating preschool children?
Yes____ No____

10. Do the school psychologist, social worker, speech/language pathologist, and other team members schedule the preschool child's evaluation on the same day, same location, and the same time? Yes____ No____

11. Do you and/or others who evaluate the preschool child and the parents sit on the floor to play with the child? Yes____ No____

12. Does each person that evaluates the child write a separate report? Yes____ No____

13. Components of a Full Case Study Evaluation: Whose responsibility: School Psychologist(SP); Social Worker(SW); Home Interventionist(HI); School Nurse(SN); Other(O):

a. Is an interview conducted with the child? Yes____ No____
Who conducts the interview?
SP____ SW____ HI____ O/Who?____
Is there a specific list of questions asked?
Yes____ No____

b. Is there consultation with the child's parent(s)?
Yes____ No____
Who consults with the parent(s)?
SP____ SW____ HI____ O/Who?____
Does someone go into the home? Yes____ No____
If so, who? SP____ SW____ HI____ O/Who?____
Is the parent/guardian given a questionnaire to complete?
Yes____ No____
Does someone ask the parent/guardian the questions and record the responses? Yes____ No____
Can the parent/guardian observe the child's performance of tasks presented? Yes____ No____
Does the parent/guardian have an opportunity to provide information about the tasks the child has demonstrated at home? Yes____ No____

c. Is a social developmental study, including assessment of the child's adaptive behavior and cultural background completed?
Yes____ No____
Who completes the social developmental study?
SP____ SW____ HI____ O/Who?____
What instrument is used?
Alpern Boll____ Battelle____
Vineland____ Other(list)_____

d. Is there a report/information obtained regarding the child's medical history and health status? Yes____ No____
Who is responsible for obtaining this information?
SP____ SW____ HI____ O/Who?____

Does the individual who obtained the information write a report? Yes____ No____
Is a form completed with the information available? Yes____ No____

e. Are the vision (V) and hearing (H) screenings completed at the time of the evaluation? Yes____ No____
If not, are they completed within six months? Yes____ No____
Who is responsible for the V and H screening? SN____ O/Who?____

f. Is there a review of child's academic history and current current educational functioning? Yes____ No____
Who is responsible for reviewing the academic history and educational functioning? SP____ SW____ HI____ O/Who?____

g. Is there an educational evaluation of the child's learning processes and level of educational development? Yes____ No____
Who is responsible for the educational evaluation? SP____ SW____ HI____ O/Who?____
If you evaluate preschool children, what instruments/ procedures do you use?

Battelle_____ Stanford-Binet L-M_____ McCarthy_____
WPPSI-R _____ Stanford-Binet IV _____ Kaufman _____
VMI _____ Draw A Person _____ WRAT _____
Local Developmental Scale_____ Bricker_____
Other(list)_____ Play-based assessment_____

Is an I.Q. reported? Yes____ No____

Is the preschool child labeled? Yes____ No____
If yes, place an x to the right of those labels that you use.
PH___ S/L___ LD___ EMH___ TMH___ S/P___
BD___ Dev. Delayed___

Do you report the specific tasks the child successfully completed? Yes____ No____
The tasks that appeared difficult when attempted? Yes____ No____
The manner in which the child responded to a task? Yes____ No____

h. Is there an assessment of the child's learning environment? Yes____ No____
Mark the first space after the item if you ask the question. Mark the second space if someone else on the team asks the question.

The parent/guardian is asked:	You	Other
What toys the child plays with at home/outside the home, inside and outdoors?	_____	_____
Who is included in the play (siblings, other children, and/or adults)?	_____	_____
Is the child read to/taken to the library?	_____	_____
Is there television in the home?	_____	_____
How often does the child watch TV?	_____	_____
Who cares for the child?	_____	_____
What is the role of grandparents and relatives?	_____	_____
Does the child attend preschool/day care (how often and how long)?	_____	_____
What exposure does the child have to neighborhood/ community activities?	_____	_____
What are the parent(s) expectations of the child?	_____	_____

14. Would you be willing to attend inservice sessions next year that emphasize working with preschool children and their parents?
Yes____ No____

How many days would you be willing to attend?
One Day____ Two Days____ Follow-up sessions____

15. Do you think there are team members in your district or coop that would attend with you? Yes____ No____

16. Do you have any requests for inservice or conference sessions? If so, please list. Use back of sheet if needed.

Please put your completed survey in the box on the registration table.

APPENDIX B

ASSESSMENT TRAINING SURVEY

Assessment Training Survey

Date_____ Location_____

Participant's Program:

___ 0-2

___ 3-5

___ At-risk

___ Kindergarten

___ Other

Participant's Setting:

___ School

___ Hospital

___ Social Service

___ Private

___ Other

Participant's Position:

___ School Psychologist

___ Administrator

___ Nurse

___ Coordinator

___ Parent

___ Social Worker

___ OT

___ PT

___ ECSE Teacher

___ Speech/Language Pathologist

___ Other (What?)_____

____ Total years of experience serving preschoolers

Circle the number which best expresses your reaction to each of the following items.

1. The organization of the speaker (s) was :

(Excellent) 5 4 3 2 1 (Poor)

2. The objectives of the inservice were:

(Very clear) 5 4 3 2 1 (Vague)

3. The ideas and activities presented were:

(Very interesting) 5 4 3 2 1 (Uninteresting)

4. The scope (coverage) was:

(Very adequate) 5 4 3 2 1 (Inadequate)

5. The Inservice training activity was:

(Excellent) 5 4 3 2 1 (Poor)

6. The information will be beneficial in my job to the following extent:

(Very Beneficial) 5 4 3 2 1 (Not Beneficial)

7. Overall, I consider this inservice:

(Useful) 5 4 3 2 1 (Not Useful)

8. My awareness/knowledge on this topic:

(Increased) 5 4 3 2 1 (Remained the Same)

9. Do you feel you need additional information about the topic? ___ Yes ___ No

If so, list:

Comments:

If you attend a further inservice on this same topic, what questions would you like addressed?

APPENDIX C

PRESCHOOL EVALUATION REPORT CHECKLIST

Preschool Evaluation Report Checklist

Pre and Post Inservice Training

Pre	Post	
___	___	Separate report for each discipline
___	___	One report written by team
___	___	Multidisciplinary assessment
___	___	Interdisciplinary assessment
___	___	Transdisciplinary play-based arena assess.
___	___	Assessment in a naturalistic setting
___	___	Child was observed during play
___	___	Family assessment component
___	___	Parent participated in assessment
___	___	Parent was interviewed
___	___	Assessment instrument(s) were developmentally appropriate
___	___	Social developmental study
___	___	Assessment of adaptive behavior
___	___	Cultural background noted
___	___	Language spoken in home/away from home
___	___	Medical history/health status
___	___	Vision/Hearing screening results
___	___	Review of preschool/daycare experiences
___	___	Review of developmental/preacademic skills
___	___	Learning processes identified
___	___	Developmental level(s) indicated
___	___	Assessment of learning environment

PSY SW S/L OT PT N ECSE Teacher O____

Directions to Accompany the Preschool Evaluation Report Checklist:

1. An evaluation report written following the assessment of a preschool child before you attended any inservice sessions during the 1991-92 school year should be used when responding to the items in the Pre column.

2. After you have attended the inservice training sessions(s), evaluated preschool children, and written reports, one of those reports should be used when responding to the items in the Post column.

3. Use of terms:

   Naturalistic setting--In a child's home or in a room(s) similar to the home or in a playroom with children's toys and furniture.

   Multidisciplinary assessment--Each discipline completes her/his evaluation separately; usually at a different time and perhaps different location and each writes a report.

   Interdisciplinary assessment--The various disciplines meet at the same time and location to evaluate the child. After each has done a separate evaluation, team members share their observations and results and write a team report.

   Transdisciplinary play-based arena assessment--One team member interacts/ plays with the child , usually in a naturalistic setting, while other team members observe and record observations. Team members share observations and results and write a team report.

4. At the bottom of the checklist, circle all the disciplines that were represented during the assessment. Underline all those that participated in completing the checklist. If a participant was not listed, check O for other and please note the position.

Thank you.